



Exempt Action Final Regulation Agency Background Document

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) citation	12 VAC 30 -10-440
Regulation title	State Plan Under Title XIX of the Social Security Act
Action title	Cooperation with Medicaid Integrity Program Efforts
Final agency action date	
Document preparation date	

When a regulatory action is exempt from executive branch review pursuant to § 2.2-4002 or § 2.2-4006 of the Virginia Administrative Process Act (APA), the agency is encouraged to provide information to the public on the Regulatory Town Hall using this form.

Note: While posting this form on the Town Hall is optional, the agency must comply with requirements of the Virginia Register Act, the *Virginia Register Form, Style, and Procedure Manual*, and Executive Orders 36 (06) and 58 (99).

Summary

Please provide a brief summary of all regulatory changes, including the rationale behind such changes. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The section of the State Plan for Medical Assistance that is created by this action is State Plan Under Title XIX of the *Social Security Act*; Cooperation with Medicaid Integrity Program Efforts (12 VAC 30-10-815).

This regulatory action is intended to implement section 6034 of the Deficit Reduction Act (DRA) of 2005. This section of the DRA is based upon section 1902(a)(69) of the *Social Security Act* (the Act), and relates to "Cooperation with Medicaid Integrity Program Efforts." This regulatory change will enhance federal and state oversight of and increase enforcement actions against fraud and abuse in the Medicaid program. This new VAC section merely assures CMS of the Commonwealth's compliance with federal statutory and regulatory requirements.

Section 1902(a)(69) of the *Social Security Act* requires that the Medicaid State Plan "provide that the States must comply with any requirements determined by the Secretary to be necessary for

carrying out the Medicaid Integrity Program established under section 1936.” The Centers for Medicare and Medicaid Services (CMS) provided the Department of Medical Assistance Services (DMAS) with the specific document language to implement this requirement. This document was a pre-printed form Medicaid State Plan page containing the exact and specific language that CMS required. This same language, with no changes, is now being promulgated as a subsection of the Virginia Administrative Code that addresses this aspect of the Virginia Medicaid program. Because DMAS had no discretion as to the wording of the mandatory CMS text, this action meets the requirements of § 2.2-4006(A)(4)(c), which exempts from the Administrative Process Act actions that are “necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation.”

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

I hereby approve the foregoing Regulatory Review Summary with the attached amended State Plan pages (12VAC 30-10-815) Cooperation with Medicaid Integrity Program Efforts and adopt the action stated therein. I certify that this final regulatory action has completed all the requirements of the Code of Virginia § 2.2-4012, of the Administrative Process Act. : I hereby certify that these final, adopted regulations are full, true, and correctly dated.

Date

Patrick W. Finnerty, Director
Dept. of Medical Assistance Services

Family impact

Assess the impact of this regulatory action on the institution of the family and family stability.

These changes do not strengthen or erode the authority or rights of parents in the education, nurturing, and supervision of their children; or encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents. It does not strengthen or erode the marital commitment, but may decrease disposable family income depending upon which provider the recipient chooses for the item or service prescribed.

